



Environmental Health Division  
**Radon Testing Form**

Detector Bar Code # \_\_\_\_\_  
(located on bottom of detector)

Name \_\_\_\_\_ Telephone # \_\_\_\_\_

**Physical Address of Property Being Tested** (required for results)

Street \_\_\_\_\_

Town \_\_\_\_\_ State VT Zip \_\_\_\_\_

Radon Measurement Dates (from) \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (to) \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Location (floor level) of Kit     Basement             1<sup>st</sup> Floor             2<sup>nd</sup> Floor

Location (room) of Kit

- |   |   |   |                                      |
|---|---|---|--------------------------------------|
| <input type="checkbox"/> Living             | <input type="checkbox"/> Dining           | <input type="checkbox"/> Bedroom        | <input type="checkbox"/> Basement    |
| <input type="checkbox"/> Family/TV/Playroom | <input type="checkbox"/> Bathroom/Kitchen | <input type="checkbox"/> Study/Office   | <input type="checkbox"/> Guest/Spare |
| <input type="checkbox"/> Utility/Storage    | <input type="checkbox"/> Sewing/Workshop  | <input type="checkbox"/> Hallway/Closet | <input type="checkbox"/> Laundry     |

Average # of hours spent in room     < 10 / week             10 - 30 / week             30+ / week

Basement Description

- Dirt             Crawlspace             Unfinished (ex. concrete)             Finished (ex. drywall)

Brief Description of Basement: \_\_\_\_\_

Type of Water Supply             Public / Municipal             Private / Well

Has this property been tested for radon before?     Yes             No

If yes, what were the results of the last test? \_\_\_\_\_

Based on the results, was a radon reduction (mitigation) system installed?     Yes             No

Is this a new construction with a radon reduction system installed?     Yes             No

How many years have you lived at this location? \_\_\_\_\_

How many people currently live at this location?    Adults \_\_\_\_\_            Children \_\_\_\_\_

Mailing Address (where the results will be sent)             Send to Physical Address

Street \_\_\_\_\_

Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Please submit completed form to:

VT Dept of Health, Radon Program  
Environmental Health Division  
108 Cherry Street, PO Box 70  
Burlington, VT 05402

1-800-439-8550  
fax: 802-863-7483  
e-mail: [radon@vermont.gov](mailto:radon@vermont.gov)  
web-site: [healthvermont.gov/radon](http://healthvermont.gov/radon)